

BEP ADHERANCE TO POLICY REPORT FORM

Date:

To:

From:

BEP Manager:

RSA Section Manager:

APOC Chairperson:

1. Please list BEP Policy that was not followed:

a. Specific section and location in policy manual:

b. State specific policy:

2. List details of policy violation, such as who, what, when and where. List all documentation and or witnesses if applicable:

3. Response from BEP Program Manager, SLA, APOC Chairperson. Include action to be taken:

Systematic Problem: Adhere to policy in stated time frame.

Employee problem: Include in Esteem / Personnel file / Operators File

Response:

Date received:

Date response sent:

Person response sent to:

Signature of respondent